Office of the Sheriff Contra Costa County

Application for License to Operate Cardroom - Transfer

Date:				
True Name: (Last, First	, Middle)			
Local Address:		Telephone:		
Mailing Address:				
	Soc			
Date of Birth:	Place of Birth:	Citizenship:		
Sex: (M/F) Height:	Weight:	Hair:	Eyes:	
Business Name:		Telephone:		
Business Address:				
	nesting License for:			
Person(s) financially int	terested; Section 5203(a):			
Name:	Address:		Telephone:	
	Address:			
	E			
Employer's Address:				
Have you ever been arro	ested: (Y/N) If yes, what for	r:		
	alties of perjury that the a			of my
Applicant's signature:				
	Fingerprint (new only):			
Board Order:	License No	New License Issued:		
Transfer Fee of \$	plus number of tables _	@\$	_ =cc	llected